

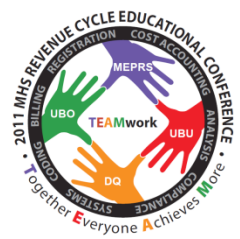
Title: **Billing Veterans Affairs**

Session: **W-3-1630**



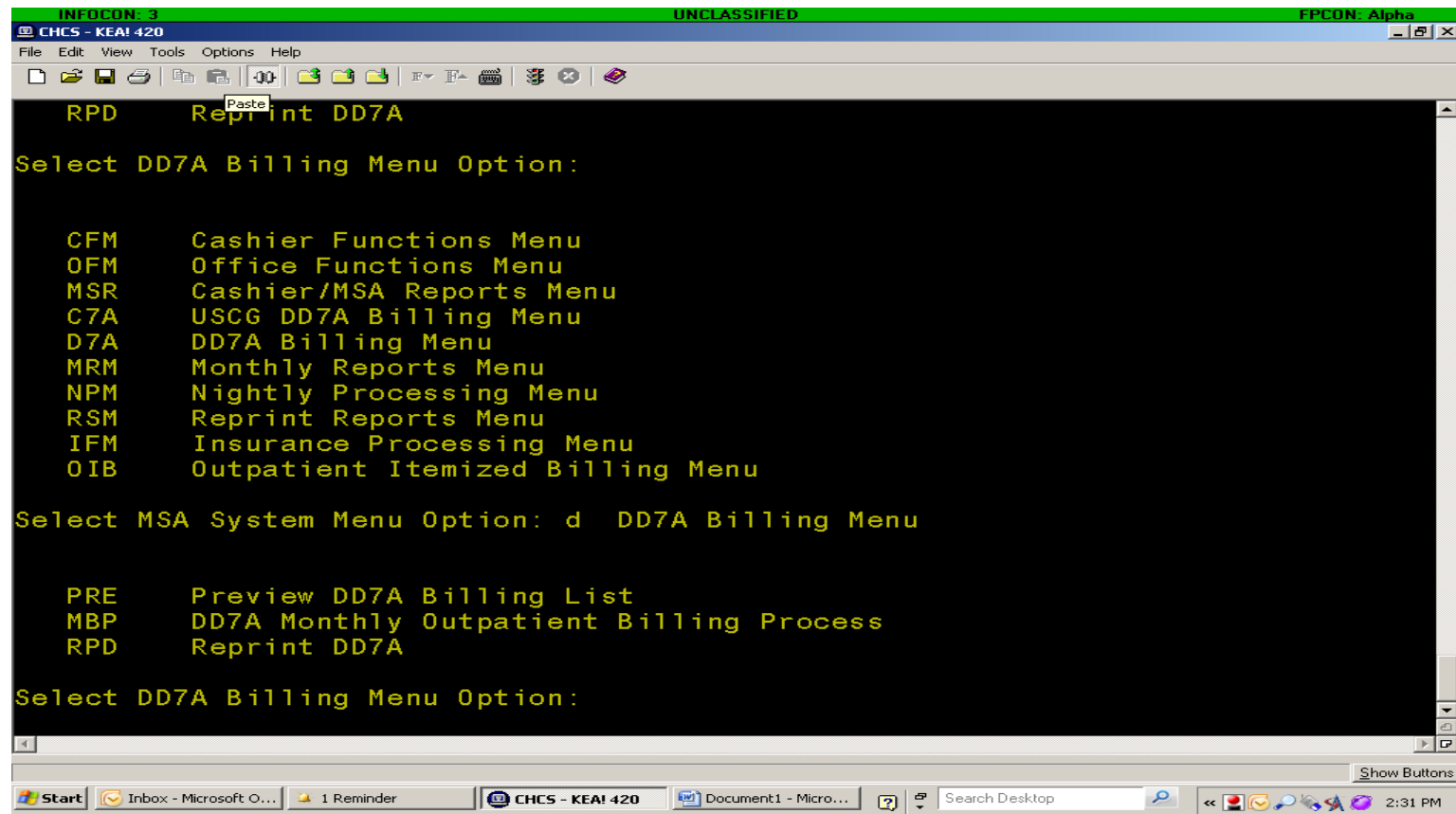
VA Billing - The Basics

- Billing VA is no different for most facilities than any other interagency billing method
- Each month your facility will need to run the DD7 and DD7As to capture visits for VA patients
- The DD7 is for inpatient visits
- The DD7A is for outpatient/ancillary visits



VA Billing - The Basics

- To run the DD7A use:
 - D7A – DD7A Billing Menu
 - MBP – DD7A Monthly Outpatient Billing Process

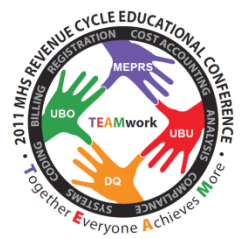




VA Billing - The Basics

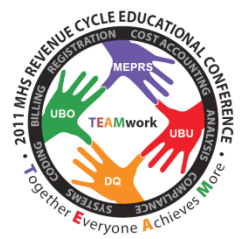
- When your list of patients comes up you need to select the patients that you wish to show up on the DD7A. Your screen will look similar to this:

DD7A Outpatient Billing Selection List							
Effective Insurance indicates CHCS entered data, please verify other sources.							
Deselect/Select the visits to be included on the December DD7a							
Visit	Pat		Eff		MEPRS	SVS	
Date/Time	Cat	Patient	Ins	FMP/SSN	Code	Cat	Charges
*16Jun10@1300	K61	Pan, Peter	N	20/0001	BBIA/0006	OPE+	485.03
*18Jun10@1834	K61	Depp, Johnny	N	20/0002	BIAA/0006	OPE+	12.39
*10Oct10@1430	P11	Bear, Yogi	N	30/1234	BAGA/0006	OPE	694.34
*10Oct10@1236	B41	Bell, Tinker	N	20/4321	BJAA/0006	PHR	1003.25
*31Oct10@1159	K61	Stein, Franken	N	20/9876	BAAA/0006	OPE+	567.89



VA Billing - The Basics

- Once you have run your DD7A report, total all the visits and complete a SF 1080 indicating how many patients were seen and the total dollar amount owed to your facility
- The SF 1080 will be forwarded to your local Veterans Affairs Billing Office for payment



VA Billing - The Basics

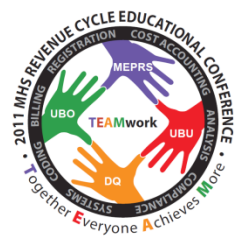
- To run the DD7 use
 - MRM – Monthly Reports Menu
 - DD7 – DD7 Report

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INFOCON: 3 UNCLASSIFIED INFOCON: Alpha
CHCS - KEA! 420
File Edit View Tools Options Help
CFM Cashier Functions Menu
OFM Office Functions Menu
MSR Cashier/MSA Reports Menu
C7A USCG DD7A Billing Menu
D7A DD7A Billing Menu
MRM Monthly Reports Menu
NPM Nightly Processing Menu
RSM Reprint Reports Menu
IFM Insurance Processing Menu
OIB Outpatient Itemized Billing Menu

Select MSA System Menu Option: mrm Monthly Reports Menu

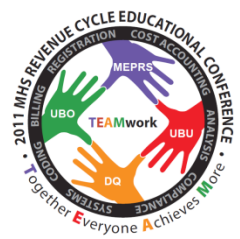
186 Accrual -- 1860R Detail Report
CBR Central Billing/Local Collection
D10 Enlisted 1080 Report with Detail
DD7 DD7 Report
E10 Enlisted 1080 Report
MMD Monthly Medical Services Activity Detail Report
MMR Monthly Medical Services Activity Report
O10 1080 Report

Select Monthly Reports Menu Option: dd7
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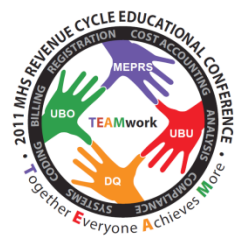
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Joint Venture Billing Procedures

- Now that we have shared how 90% of our facilities bill VA, let's go into how the 673d Medical Group at Joint Base Elmendorf-Richardson does it
 - But first a little history on our VA workload



Workload

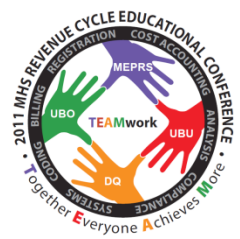
- Inpatient Admissions
 - 750/year approx 63 per mth
 - 212 IP surgeries 18 per mth
- Emergency Room
 - 3264/year, approx 272 per mth
- APU
 - 238/year approx 20 per mth
- Specialty Clinic
 - 4336/year approx 360 per mth
- Pathology & LAB
 - 1685 encounters, 141 per mth
- RAD





Staffing

- Staffing
 - 3 FTEs
 - 1 JV coordinator
 - 2 data analysts
- Workflow for 2 data analysts
 - ER, Inpatient, Pathology & Posting
 - Specialty Clinic, Lab, Rad, APU & Posting



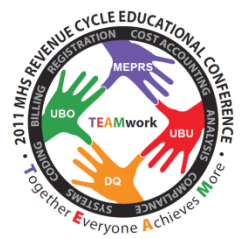
Consult Process

- VA Maintains consult spreadsheet
 - Includes scheduled referrals only
- DoD JV billing staff
 - Looks up patient category
 - If necessary change to K61
- Review appt history for clinical data



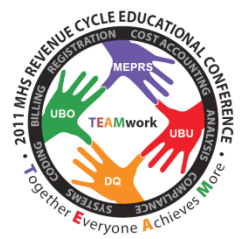
Billing Process

- CHCS Billing reports are created
 - Review and edit reports
- Specialty Clinic, APU, Radiology, Lab
 - Billed twice per month, 1st -15th, 16th -31st
- Pathology performed at VA & 673 MDG
 - VA lab tech forwards data each month
 - 673 Pathology – CHCS report, billed monthly
 - ICD-9 codes are assigned to lab & pathology
- Emergency room is billed weekly
 - Access® database report created to combine labs and radiology associated with ER visit
- Inpatient visits billed at beginning of month
 - Report forwarded to VA ICS for approval



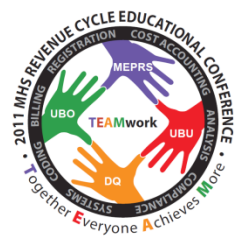
Billing Process

- Data entered in Medisoft billing application
- UB-02 & CMS 1500 billing claims created
- Notified by VA of rejections via fee remittance reports
- EOBs received with payment
 - Turnaround time approx 30 to 60 days
- Payments posted to account



Workload Report

- Year-to-year comparisons are made
- Admissions & bed days: CHCS Report
 - ADC & ALOS computed from bed days
- Inpatient Surgeries: Procedure codes & OR magic
- APU Surgeries: CHCS Report & OR magic
- Specialty Clinic: CHCS Report
- Emergency Room: CHCS Report



Clinical Results

- CHCS Report created
 - Radiology – daily
 - Specialty Clinic, APU – monthly
 - Pathology – monthly
- We look up every inpatient to see if they had any pathology



QUESTIONS